

ARIZONA BOARD OF PSYCHOLOGIST EXAMINERS

APPLICATION FOR LICENSURE AS A PSYCHOLOGIST BY CREDENTIAL

GENERAL INSTRUCTIONS AND INFORMATION

APPLICATION MATERIALS

An application form is enclosed along with a copy of the Arizona Revised Statutes and Board Rules governing psychologists. Please read the enclosed materials very carefully to avoid delays in the application process because of lack of familiarity with the requirements. Applicants should call the Board Office prior to submitting application forms to verify that the forms and fees are still current.

An application file is considered **open** upon receipt of the appropriately completed application and **non-refundable** fee, but is not considered administratively **complete for review by the Board** until the following have been received in the Board's office:

- * Check or Money Order in the amount of \$350 made payable to the Arizona Board of Psychologist Examiners
- * The four page "Application For Licensure as a Psychologist by Credential" with any required supporting documentation
- * The "Mandatory Confidential Information" page (non-public information)
- * Verification of all psychology licenses ever held in other states, sent directly from state licensure board
- * Verification of at least one of the following credentials: American Board of Professional Psychology Diploma (ABPP), Certificate of Professional Qualification in Psychology (CPQ), or National Register of Health Service Providers in Psychology (NRHSPP) credential
- * If applying for licensure on the basis of an NRHSPP credential, evidence of a passing score on the EPPP, sent directly to the Board from the Association of State and Provincial Psychology Boards, or from the state in which you originally tested.

It is the applicant's responsibility to contact his/her information sources to verify that materials have been sent. Applicants should also be aware that the Board may request clarification or additional information regarding pending applications. The Board provides one *Notice of Deficiency* to applicants of materials that have not been received. It is the applicant's responsibility to contact the Board office periodically at (602) 542-8161 to check the status of his/her application file.

CONTACTING THE BOARD

If you need additional information after reading the application packet, please call:

Marcus Harvey
Projects Specialist
(602) 542-8161
Fax: (602) 542-8279
E-mail: info@psychboard.az.gov
Internet : www.psychboard.az.gov

The Board cannot make out-of-state telephone calls. Mailing address:

Arizona Board of Psychologist Examiners
1400 West Washington, Suite 235
Phoenix, Arizona 85007

NOTICE FOR AMERICANS WITH DISABILITIES

Title 2 of the Americans with Disabilities Act (ADA) prohibits the Board from discriminating on the basis of disability in its public meetings. Persons with a disability may request a reasonable accommodation such as sign language interpreter, by contacting the Board at (602) 542-8162 to make their needs known. Requests should be made as soon as possible to allow time to arrange for the accommodation. These documents may be made available in alternative formats by contacting the Board.

Arizona Board of Psychologist Examiners

FEE SCHEDULE

(Current as of July 1, 2001)

Application	\$350*
Reapplication	\$200*

*These fees are non-refundable and must accompany the application.

Initial Licensing Fee	\$400 Prorated
<i>(\$16.67/mo. for months remaining until next renewal date, payable after the Board approves your application for licensure)</i>	
Biennial Active Renewal Fee	\$400
Biennial Inactive Renewal Fee	\$ 50
Reinstatement Fee	\$200

Duplicate Renewal Receipt	\$ 5
Duplicate Certificate	\$ 25
Verification of Licensure	\$ 2

All fees shall be in the form of personal checks or money orders submitted to and made payable to the **Arizona Board of Psychologist Examiners**.



State of Arizona Board of Psychologist Examiners

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Application for Licensure as a Psychologist by Credential*

I hereby apply to be licensed as a psychologist by the Arizona Board of Psychologist Examiners. Enclosed is the application fee which I understand is **nonrefundable**.

I am applying by means of the following credential: (Check only one) ABPP¹ ☐ CPQ² ☐ NRHSPP³ ☐

(Note: If you do not hold one of these credentials, you are not eligible to apply for licensure by credential. You may, instead, complete the "Psychologist Licensure Application".)

I understand that it is my responsibility to contact the organization which has issued my credential to request that verification of the credential be sent directly to the Arizona Board of Psychologist Examiners.

I understand that it is my responsibility to contact any state in which I have ever held a psychology license to request that verification of my licensure (active, inactive, expired or otherwise) be sent directly to the Arizona Board of Psychologist Examiners. You may contact the state directly or use the attached *Verification of State Licensure* form.

I understand that if I have earned ABPP diplomate status or a CPQ, I am exempt from the Examination for Professional Practice in Psychology (EPPP). I understand that if I am applying for licensure on the basis of an NRHSPP credential, I must also submit evidence of a passing score on the EPPP, sent directly to the Board from the Association of State and Provincial Psychology Boards, or from the state in which I originally tested.

I understand that, if in the judgment of the Board, more information is necessary, further documented evidence may be required from me and/or my credentialing agency.

I understand that my file will be considered **open** upon the Board's receipt of my application form and fee payment. My file will not be considered **administratively complete** or ready for Board review **until all materials required by the Board are received on appropriate forms at the Board office**. Application materials are open to public inspection except for materials that are confidential by law.

I further understand that I may not list myself **as a psychologist** in Arizona telephone directories, business cards, or otherwise represent myself as a psychologist, until I have been officially notified that I have been licensed as a psychologist in Arizona.

I have ☐ have not ☐ made a previous application to the Arizona Board of Psychologist Examiners.

If so, list date of the application and action taken by the Board.

Name (printed or typed) _____

Signed: _____ Date: _____

(Revised 09/02)
Applications/Cred-App.doc/Net

* Pursuant to A.R.S. § 32-2071.01(B)

1 "ABPP" is a Diploma issued by the American Board of Professional Psychology.

2 "CPQ" is a Certificate of Professional Qualification in Psychology issued by the Association of State and Provincial Psychology Boards.

3 "NRHSPP" is a credential granted by the National Register of Health Service Providers in Psychology.

GENERAL INFORMATION
(PLEASE PRINT OR TYPE)

1. Full Name: _____ Date: _____
2. Home Address: Please provide on the pink *Mandatory Confidential Information* form enclosed.
3. Business Address: _____
- City: _____ County: _____ State: _____ Zip Code: _____
- Work Phone: (____) _____ - _____ Ext.: _____ Work Fax: (____) _____ - _____
- E-mail: _____ Gender: Male ☐ Female ☐
4. If you become licensed in Arizona, please specify which address and telephone number you want listed in the public directory of the Board. Home ☐ Business ☐
- Which address would you like the Board to use as your mailing address? Home ☐ Business ☐
5. Place of Birth: _____
6. Are you or have you been licensed or certified as a psychologist in any state or Canadian province? If yes, list state(s) and license number(s): Yes ☐ No ☐
- _____
7. Have you ever taken the national examination in psychology (EPPP)? If yes, list all states and dates: Yes ☐ No ☐
- _____
- For questions 8 through 20 below, if the answer is yes, please attach an explanation and include dates, if applicable:**
8. Have you made application to any other state or Canadian province that you are not licensed in? Yes ☐ No ☐
9. Are you licensed or certified in any other field or profession? Yes ☐ No ☐
10. Has any state or province ever denied or rejected your application for a professional license, certification, or registration? Yes ☐ No ☐
11. Has any state or province ever initiated disciplinary action against, or suspended or revoked your professional license, certification, or registration? Yes ☐ No ☐
12. Have you ever entered into a consent agreement or stipulation arising from a complaint against your professional license, certification, or registration? Yes ☐ No ☐
13. Are you a member of any professional association in the field of psychology? If yes, please give the name(s) of the association(s). Yes ☐ No ☐
- _____
- _____
14. Have you ever had membership in a professional association in the field of psychology denied or revoked? Yes ☐ No ☐
15. Are you currently under investigation for or have you been found guilty of violating a code of professional ethics or unprofessional conduct by any professional organization or jurisdiction? Yes ☐ No ☐

16. Have you ever been sanctioned or placed on probation by any jurisdiction? Yes ☐ No ☐
17. Have you been convicted of a felony or a misdemeanor other than a minor traffic offense, or ever entered into a diversion program in lieu of prosecution, including any convictions that have been expunged or deleted? Yes ☐ No ☐
18. Have you been sued in civil or criminal court pertaining to your practice as a psychologist, your work under a certificate or license in another profession, or your work as a member of a particular profession? Yes ☐ No ☐
19. Are you currently addicted to alcohol or any drug that in any way impairs or limits your ability to practice? Yes ☐ No ☐
20. Do you have any medical, physical, or psychological condition that may in any way currently impair or limit your ability to practice psychology safely and effectively? Yes ☐ No ☐

21. UNDERGRADUATE AND GRADUATE EDUCATION

University or College	City and State	Dates Attended	Degree and Date	Name of Department	Major Subject Area

22. Doctoral Degree: Major Advisor: _____
 Department: _____
 Title of Dissertation or Psy.D. Project: _____

23. Official title of your doctoral degree program or predoctoral specialty area: _____

24. List your training experiences (excluding practica):

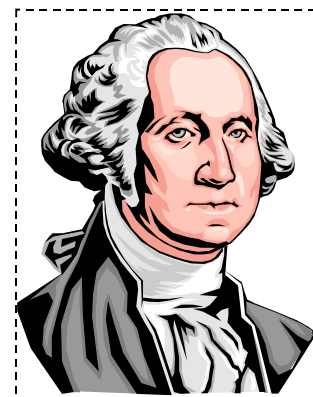
25. Was your predoctoral internship:
- a. Approved by the American Psychological Association? Yes ☐ No ☐
- b. A member of the Association of Psychology and Postdoctoral Internship Centers? Yes ☐ No ☐
26. Do you agree to allow the Board to make supplemental requests for additional information if needed? Yes ☐ No ☐

27. My areas of professional competence are: _____

28. My areas of intended professional activity in Arizona are: _____

29. If licensed, I would like my name on the license to read (include name and degree only):

30. This application shall be accompanied by:
- A. One original, un-retouched photograph taken not more than 60 days before the date of the application. Full length snapshots, newsprints, negatives or proofs are not acceptable. In the space to the right, firmly attach with tape or glue, a photograph of head and shoulders which is no larger than 1½ x 2 inches in size. Please do not staple.
 - B. A Check or Money Order in the amount of \$350, made payable to the Arizona Board of Psychologist Examiners.



PHOTOGRAPH

AFFIDAVIT

Pursuant to A.R.S. Sections 32-2061, 32-2071.01 and 32-2081, any false or misleading information in, or in connection with, any application may be cause for rejection of that application, or probation, suspension, or revocation of your license.

STATE OF _____)

COUNTY OF _____)

The undersigned, having appeared before me and being identified as the same individual shown in the attached photograph, being sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the standards of professional conduct as defined in Arizona Revised Statutes, Section 32-2061, et seq.; and the rules and regulations pertaining thereto.

 Signature of Applicant

SWORN TO before me this ____ day of _____, 20 ____

 Signature of Notary

My Commission Expires: _____



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Mandatory Confidential Information (for Board Use Only)

Name (Last, First, Middle)

Other Names Used (Last, First, Middle)

Residential Address* (P.O. BOX NOT ACCEPTABLE)

Apt. #

City

State

9 Digit Zip Code

☐ Check here to indicate if residential address is the same as your business address

(_____) _____ - _____
Home Phone No.

Date of Birth**

(_____) _____ - _____
Home Fax No.

Social Security Number*** (Required)

* THE BOARD DOES NOT DISCLOSE A LICENSEE'S RESIDENTIAL ADDRESS UNLESS IT IS THE ONLY ADDRESS PROVIDED TO THE BOARD.

** THE BOARD DOES NOT DISCLOSE A LICENSEE'S DATE OF BIRTH.

*** A.R.S. §§ 25-320(K) and 25-502(E) MANDATES THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES SHALL OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. SOCIAL SECURITY NUMBERS WILL NOT BE DISCLOSED EXCEPT WHEN DISCLOSURE IS REQUIRED BY LAW, SUCH AS DISCIPLINARY REPORTS TO THE NATIONAL DATA BANK OR TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS.



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VERIFICATION OF STATE LICENSURE

INSTRUCTIONS: Complete the top section of this form (type or print). Make copies to send to each state where you hold or have held a license. If a state requires a fee for the verification, be sure to include that payment with this form. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden)		Health Profession License Held		Social Security Number	
Address (Number, street, or / rural route)		City		State	ZIP code
License number	Date of Issuance (month, day, year)			Date of Birth (month, day, year)	
I hereby authorize the State of _____, to furnish the Board of Psychologist Examiners with the information below.					
Signature					

DO NOT WRITE BELOW THIS LINE

STATE BOARD: The following psychologist has made application for licensure in the State of Arizona and has stated that he/she is licensed to practice psychology in your state. Please complete the form below and return it to the Board at your earliest convenience. **If there is a charge for this service, mail this form to your licensee's address above or contact them and request payment of any fees.**

License number	Date of Issuance (month, day, year)		Licensed by <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Other		
Type of Examination	Date of Administration (month, day, year)				Please Affix Board Seal
Is License current and in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is or has the license been invalid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any derogatory information? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If license has been encumbered in any way, please provide certified copies of all related documents.					
FORM COMPLETED BY:					
Name		Title			
Signature		State Board		Date (month, day, year)	